

## CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

CCEA - Churchill County Education Association

Teachers in Politics

Name (print)

Office (if applicable)

District (if applicable)

P.O. Box 1358 Fallon, NV 89403

775-428-1222

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☐ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term

Period: Jan. 5, 2001 - Aug 26, 2004

Incumbents in an Office with a 6-year term

Period: Dec. 20, 1998 - Aug 26, 2004

All others

Period: Jan. 1, 2004 - Aug 26, 2004

Ballot Advocacy Groups (BAGs) only:

Period: Dec. 5, 2002 - Aug 26, 2004

☒ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005\*

Period: Oct. 22, 2004 - Dec. 31, 2004

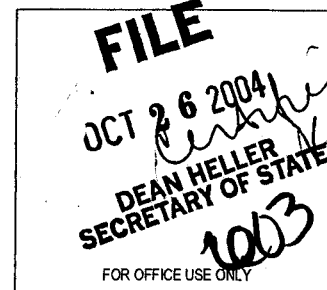
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



## CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative  
From Beginning  
of Report Period  
#1 through End  
of This  
Reporting  
Period

332.50

470.00

This Period

Cumulative From  
Beginning of  
Report Period #1  
Through End of  
This Reporting  
Period

3. Total Amount of Monetary Contributions Received  
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

332.50

470.00

## EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

2075.60

2075.60

2075.60

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Joanne Janner

Signature

10.25.04

Date

EL201.doc

Revised: Jan-04

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| Report Period | # |
|---------------|---|
|---------------|---|

Teachers in Politics  
District (if applicable)

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## CAMPAIGN EXPENSES

Report Period #

CCEA

TIP

Name (print)

Office (if applicable)

District (if applicable)

## Expense Categories

| CATEGORIES  | CODE |
|---|------|
| Office expenses   | A    |
| Expenses related to volunteers  | B    |
| Expenses related to travel  | C    |
| Expenses related to advertising   | D    |
| Expenses related to paid staff  | E    |
| Expenses related to consultants   | F    |
| Expenses related to polling   | G    |
| Expenses related to special events  | H    |
| ** Goods and services provided in kind for which money would otherwise have been paid | I    |
| Other miscellaneous expenses  | J    |
| Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)               | K    |

**\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CCEA

TIP

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|----------------------|------------------------|
| Mike McGinness  |   | 10-05-04             | 500 <sup>00</sup>      |
| Marcia de Braga   |   | 10-05-04             | 500 <sup>00</sup>      |
| Randy Green   |   | 10-05-04             | 250 <sup>00</sup>      |
| CCEA  | H   | 10-14-04             | 107 <sup>35</sup>      |
| LVN   | D   | 10-14-04             | 472 <sup>50</sup>      |
| Fallon Star Press   | D   | 10-19-04             | 245 <sup>75</sup>      |
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| Report Period | # |
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District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

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**IN KIND CAMPAIGN  
EXPENSES**

Report Period

#

CCEA  
Name (print)

Office (if applicable)

TIP  
District (if applicable)

**IN KIND**

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | DATE OF<br>EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |
|--|--|---------------------------------------|--|
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